

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09783239  
FILING DATE  
02-13-01  
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3	/					
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TOTAL IND.	5					
TOTAL DEP.	37	↔	↔	↔		
TOTAL CLAIMS	42					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↔	↔	↔	
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS			↔	↔	↔	